

CERTIFIED COMPANY or PARTNERSHIP APPLICATION



**KENTUCKY
DEPARTMENT
FOR ENVIRONMENTAL
PROTECTION**

Mail completed form to:
**DIVISION OF WASTE MANAGEMENT
UNDERGROUND STORAGE TANK BRANCH
200 FAIR OAKS LANE, 2nd FLOOR
FRANKFORT, KENTUCKY 40601
(502) 564-5981
<http://www.waste.ky.gov>**

FOR STATE USE ONLY:

GENERAL INFORMATION

To be certified by the cabinet for reimbursement to perform corrective action at regulated petroleum storage tank facilities, companies and partnerships must complete and submit this form for initial and renewal of certification pursuant to 401 KAR 42:316.

TYPE OF APPLICANT

☐ Company ☐ Provide a list of all shareholders (if applicable).

☐ Partnership

TYPE OF CERTIFICATION

☐ NEW Certification

☐ RENEWAL of Certification USTB Certification #

APPLICANT INFORMATION

COMPANY OR PARTNERSHIP NAME:

MAILING ADDRESS:

CITY:

STATE:

ZIP CODE:

TELEPHONE NUMBER:

() -

FAX NUMBER:

() -

EMAIL ADDRESS:

LEGALLY-AUTHORIZED REPRESENTATIVE OR AGENT:

TELEPHONE NUMBER:

() -

LIST AMOUNT OF COVERAGE MAINTAINED FOR THE FOLLOWING:

A. GENERAL LIABILITY: \$

B. PROFESSIONAL LIABILITY: \$

C. POLLUTION/PROPERTY COVERAGE: \$

PROVIDE EVIDENCE (LETTER FROM INSURANCE CARRIER, CERTIFICATES, ETC.) OF COVERAGE AS ATTACHMENT(S) TO THIS FORM.

BACKGROUND INFORMATION

(Documentation may be attached to this form for items requested; attach additional pages, if necessary)

Description of Company/Partnership History including the Date Established:

Capabilities and Services Offered:

Organizational Structure:

Other Information Pertinent to Certification:

LISTING OF ALL BRANCH OFFICES

(Attach additional pages, if necessary)

CONTACT NAMES:	COMPLETE MAILING ADDRESS:	TELEPHONE NUMBERS:
	Street Address: City: State: Zip Code:	() -
	Street Address: City: State: Zip Code:	() -
	Street Address: City: State: Zip Code:	() -
	Street Address: City: State: Zip Code:	() -
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	Street Address: City: State: Zip Code:	() -

LISTING OF OWNERS, OFFICERS, DIRECTORS AND PRINCIPALS

(Attach additional pages, if necessary)

NAMES:	COMPLETE MAILING ADDRESS:	TELEPHONE NUMBERS:
	Street Address: City: State: Zip Code:	() -
	Street Address: City: State: Zip Code:	() -
	Street Address: City: State: Zip Code:	() -
	Street Address: City: State: Zip Code:	() -
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	Street Address: City: State: Zip Code:	() -

LISTING OF ALL SISTER AND SUBSIDIARY COMPANIES

(That will provide services under this certification; attach additional pages, if necessary)

1. Company Name:		Contact Name:	
Complete Mailing Address:	Street Address: City: State: Zip Code:	Telephone Number: () - Ext.	
Type of Services to be Provided:		Estimate Percentage of Service to be Provided on a Project Basis	%

2. Company Name:		Contact Name:	
Complete Mailing Address:	Street Address: City: State: Zip Code:	Telephone Number: () - Ext.	
Type of Services to be Provided:		Estimate Percentage of Service to be Provided on a Project Basis	%

3. Company Name:		Contact Name:	
Complete Mailing Address:	Street Address: City: State: Zip Code:	Telephone Number: () - Ext.	
Type of Services to be Provided:		Estimate Percentage (%) of Service to be Provided on a Project Basis	%

LISTING OF SUBCONTRACTORS AND VENDORS

(Only those likely to be used on a routine or frequent basis to provide goods and services; attach additional pages, if necessary)

1. Subcontractor/Vendor Name:		Contact Name:	
Complete Mailing Address:	Street Address: City: State: Zip Code:	Telephone Number: () - Ext.	
Description of Goods or Services to be Provided.			

2. Subcontractor/Vendor Name:		Contact Name:	
Complete Mailing Address:	Street Address: City: State: Zip Code:	Telephone Number: () - Ext.	
Description of Goods or Services to be Provided.			

3. Subcontractor/Vendor Name:		Contact Name:
Complete Mailing Address:	Street Address: City: State: Zip Code:	Telephone Number: () - Ext.
Description of Goods or Services to be Provided.		
4. Subcontractor/Vendor Name:		Contact Name:
Complete Mailing Address:	Street Address: City: State: Zip Code:	Telephone Number: () - Ext.
Description of Goods or Services to be Provided.		
5. Subcontractor/Vendor Name:		Contact Name:
Complete Mailing Address:	Street Address: City: State: Zip Code:	Telephone Number: () - Ext.
Description of Goods or Services to be Provided.		
CURRENT FINANCIAL INFORMATION OF APPLICANT (Attach additional pages, if necessary)		
Describe the current financial condition of the company or partnership, including assets and outstanding liabilities.		
Describe maximum length of time that the applicant can wait to receive from reimbursement after submission of a request for payment to the USTB.		

Describe ability to obtain a performance bond.

Estimate the percent of total revenue to be generated from the reimbursement from USTB related corrective action projects on an annual basis.	%	Provide a copy of the most recent Financial Statement; marked CONFIDENTIAL.
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WORKLOAD CAPACITY

Provide an estimate of number of corrective action projects that can be performed and managed at any one time assuming each project requires cabinet directed corrective action activities for both contaminated soil and groundwater.

PERSONNEL TRAINING AND PROFESSIONAL DEVELOPMENT

(Attach additional pages, if necessary)

Describe internal and external training and professional development provided or required for the applicant’s personnel including both technical and administrative personnel.

CERTIFIED CONTRACTORS

(Attach additional pages, if necessary)

Provide a listing of certified contractors, certified pursuant to 401 KAR 42:314, employed or contracted by the applicant. For those certified contractors retained to provide services under an agreement or contract, attach a copy of the agreement or contract.

NAMES:	PSTEAF CERTIFICATION #:	AGREEMENT	CONTRACT
		<input type="checkbox"/> YES (copy attached) <input type="checkbox"/> NO	<input type="checkbox"/> YES (copy attached) <input type="checkbox"/> NO
		<input type="checkbox"/> YES (copy attached) <input type="checkbox"/> NO	<input type="checkbox"/> YES (copy attached) <input type="checkbox"/> NO
		<input type="checkbox"/> YES (copy attached) <input type="checkbox"/> NO	<input type="checkbox"/> YES (copy attached) <input type="checkbox"/> NO
		<input type="checkbox"/> YES (copy attached) <input type="checkbox"/> NO	<input type="checkbox"/> YES (copy attached) <input type="checkbox"/> NO
		<input type="checkbox"/> YES (copy attached) <input type="checkbox"/> NO	<input type="checkbox"/> YES (copy attached) <input type="checkbox"/> NO
		<input type="checkbox"/> YES (copy attached) <input type="checkbox"/> NO	<input type="checkbox"/> YES (copy attached) <input type="checkbox"/> NO
		<input type="checkbox"/> YES (copy attached) <input type="checkbox"/> NO	<input type="checkbox"/> YES (copy attached) <input type="checkbox"/> NO

OTHER TECHNICAL STAFF

(Attach additional pages, if necessary)

Provide a listing of other technical personnel employed by the applicant who will be available to work on corrective action projects. For each individual listed, provide a copy of the current professional resume.

Name:	Title:	Years of Related Experience:
Education and Training:		
Anticipated Corrective Action Job Duties:		
Name:	Title:	Years of Related Experience:
Education and Training:		
Anticipated Corrective Action Job Duties:		
Name:	Title:	Years of Related Experience:
Education and Training:		
Anticipated Corrective Action Job Duties:		
Name:	Title:	Years of Related Experience:
Education and Training:		
Anticipated Corrective Action Job Duties:		
Name:	Title:	Years of Related Experience:
Education and Training:		
Anticipated Corrective Action Job Duties:		
Name:	Title:	Years of Related Experience:
Education and Training:		
Anticipated Corrective Action Job Duties:		
Name:	Title:	Years of Related Experience:
Education and Training:		
Anticipated Corrective Action Job Duties:		

ADMINISTRATIVE PERSONNEL

(Attach additional pages, if necessary)

Provide a listing of personnel employed by the applicant who will provide administrative support to corrective action projects. Such personnel might include clerical, computer, time clerk, payroll and accounting.

Name:	Title:	Years of Related Experience:
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Education and Training:

Anticipated Job Duties:

Name:	Title:	Years of Related Experience:
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Education and Training:

Anticipated Job Duties:

Name:	Title:	Years of Related Experience:
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Education and Training:

Anticipated Job Duties:

Name:	Title:	Years of Related Experience:
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Education and Training:

Anticipated Job Duties:

COMPUTER PROGRAMS

(Attach additional pages, if necessary)

Describe the availability of computer software programs and the extent of use for internal office communication, performance of administrative functions, project cost management and technical analyses related to correction action activities.

PROJECT COST CONTROLS

(Documentation may be attached to this form for each description request for better understanding of methods/procedures; attach additional pages, if necessary)

Describe the internal methods and procedures used to track and control corrective action project costs and expenditures.

Describe the method used to track and monitor labor hours expended on projects (e.g. reporting, project planning, travel, etc.).

Describe client invoicing and billing procedures.

TECHNICAL PROJECT MANAGEMENT

(Documentation may be attached to this form for each description request; attach additional pages, if necessary)

Describe approaches, techniques and procedures used to manage the technical work performed during corrective action projects. Items to consider might include a) assignment of certified company, certified contractor, project manager and other technical personnel; b) planning, supervision and facility research/reconnaissance; c) development of technical documents such as the Classification Guide, Site Investigation Reports, deficiency responses to cabinet correspondence, Free Product Recovery Reports, Corrective Action Plans, etc.; d) field notes; e) project completion schedule; f) progress meetings; g) training personnel during corrective action activities; h) client to/from telephone calls, meetings and paperwork; i) evaluations of the effectiveness of the corrective action technique(s); j) adherence to project budget; k) oversight of subcontractors and vendors; l) client involvement; and other policies that will help towards certification.

CORRECTIVE ACTION TECHNIQUES

(Attach additional pages, if necessary)

Describe the applicant's knowledge of, and experience in working with, current corrective action techniques and methods used to rehabilitate contaminated petroleum storage tank facilities.

Indicate those techniques and methods with which the applicant is most familiar and has used during past corrective action projects.

Identify at least one facility where each technique has been used and specify total corrective action costs for each facility.

Describe the applicant's approach for evaluating and implementing new or modified corrective action techniques.

TECHNICAL EXPERIENCE
(Attach additional pages, if necessary)

Describe at least three (3) projects, within or outside the Commonwealth, undertaken by the applicant within the past three (3) years that are related to the cleanup and rehabilitation of chemical or petroleum contaminated facilities. Description must explain the nature of the work performed, the name and complete address of the facility, and the name, telephone number and complete mailing address of the client.

Project #1:

Project #2:

Project #3:

Project #4:

(Available to the applicant for the performance of corrective action projects; attach additional pages, if necessary)

[illegible]

(Attach additional pages, if necessary)

Provide at least three (3) recent clients, within or outside the Commonwealth, for whom the applicant has performed corrective action. If none, the applicant shall a list of three (3) previous or current clients of the individual certified pursuant to 401 KAR 42:314.

NAMES:	COMPLETE MAILING ADDRESS:	TELEPHONE NUMBERS:
	Street Address: City: State: Zip Code:	() -
	Street Address: City: State: Zip Code:	() -
	Street Address: City: State: Zip Code:	() -

AGREEMENT AND AFFIRMATION

A. Applicant agrees that USTB representatives may inspect the facilities of the applicant to verify information in this application or to evaluate the applicant's capabilities?	<input type="checkbox"/> YES <input type="checkbox"/> NO
B. Applicant holds, in good standing, all licenses, permits and training certifications required to perform corrective action activities in Kentucky?	<input type="checkbox"/> YES <input type="checkbox"/> NO
C. Has any disciplinary action(s) been taken, or is there any enforcement action(s) pending, by any regulatory agency against the applicant, its owners, officers, directors, principals or shareholders? If yes, attach a detailed explanation to this form.	<input type="checkbox"/> YES <input type="checkbox"/> NO
D. Have any of the applicant's owners, officers, directors, principals or shareholders ever had a certification granted, pursuant to 401 KAR 42:314, revoked or suspended?	<input type="checkbox"/> YES <input type="checkbox"/> NO
E. Are any of the applicant's owners, officers, directors, principals or shareholders an individual who was an owner, officer, director, principal or shareholder in a certified company or partnership previously having its certification, pursuant to 401 KAR 42:314, revoked or suspended?	<input type="checkbox"/> YES <input type="checkbox"/> NO

I hereby affirm that all information contained in this application is true and complete.

PRINTED NAME OF OWNER, OFFICER, DIRECTOR OR PRINCIPAL:	TITLE:
SIGNATURE OF OWNER, OFFICER, DIRECTOR OR PRINCIPAL:	DATE:

Subscribed and sworn to before me by:

This the: day of: ,

Notary Public _____

Commission State at Large: OR County:

My commission expires:



If you have questions on how to fill out this form or to request a review of your facility records, please contact the USTB at (502) 564-5981 or visit our website at <http://www.waste.ky.gov>.

RETAIN A COPY OF THIS FORM FOR YOUR RECORDS